## VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument State of Alaska

Superv	isor/Operator Performing the Verification Procedure:  Name
	Agency A ST Phone # 822 - 326 3
	Instrument Location Glonnallen
3	Alco S/N X 124 669 Target Value 3.083 High Pressure 1200
	Alco Test Values 0,079  1st Alco  2nd Alco
	Signature Cas
	(OVER)
	(Do Not write in the area below)

I, Nita J. Bolz,

(1) I am a Fore

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz

Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this

(Notary Seal Stamp)

Carolyn M. Noland

Notary Public, State of Alaska Commission Expires with Office



